

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

| | | | | | |
|---|---|---------------------------------|--|--|--|
| DOCUMENT # P03000017108 1. Entity Name CHARLOTTE PAIN CENTER, INC. | | | | | |
| Principal Place of Business 3109 TAMiami TRAIL UNIT 3 PORT CHARLOTTE, FL 33952 | | | Mailing Address 3109 TAMiami TRAIL UNIT 3 PORT CHARLOTTE, FL 33952 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01252007 Chg-P CR2E034 (12/06) | |
| 4. FEI Number 41-2079619 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARRIS, NANCY 32 TORRINGTON STREET PORT CHARLOTTE, FL 33954 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00.. | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | |
| \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PS SLEIGHT, HAROLD EDWARD 3109 TAMiami TRAIL, UNIT 3 PORT CHARLOTTE, FL 33952 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VT HARRIS, NANCY 32 TORRINGTON STREET PORT CHARLOTTE, FL 33954 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Nancy Harris</i> NANCY HARRIS | | | 1/31/07 941-629-3000 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |